

1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED Johnson, Willie		VOUCHER NUMBER																																																																																					
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:03-020441-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																				
7. IN CASE/MATTER OF (Case Name) U.S. v. Johnson		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Other																																																																																				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 USC CD. F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE																																																																																								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, Including any suffix) Garner, Linda K. 217 Exchange Avenue Memphis TN 38105		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel, (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case or <input type="checkbox"/> Other (See Instructions) <i>Linda Garner</i> Signature of Presiding Judicial Officer or By Order of the Court <i>THOMAS M. GOULD</i> 10/05/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Nunc Pro Tunc Date</i>																																																																																						
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																								
<b>ITEMS FOR WHICH ATTORNEY/PAYEE IS CHARGED FOR SERVICES AND EXPENSES</b> <table border="1"> <thead> <tr> <th>CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. In Court</td> <td>a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>(Rate per hour = \$ ) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. Out of Court</td> <td>a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. 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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or your attorney/husband/wife or anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____</td> </tr> <tr> <td colspan="6">APPROVED FOR PAYMENT BY COURT JUDGE</td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. 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# Notice of Distribution

This notice confirms a copy of the document docketed as number 65 in case 2:03-CR-20441 was distributed by fax, mail, or direct printing on October 13, 2005 to the parties listed.

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Linda Kendall Garner  
LAW OFFICE OF LINDA KENDALL GARNER  
217 Exchange Ave.  
Memphis, TN 38105

David Pritchard  
U.S. ATTORNEY'S OFFICE  
167 N. Main St.  
Ste. 800  
Memphis, TN 38103

Honorable Jon McCalla  
US DISTRICT COURT